**DIVISION OF MEDICAL SERVICES
PROVIDER BULLETIN**

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NPI TRANSITION PLAN

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NPI BACKGROUND

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires issuance of a unique National Provider Identifier (NPI) to each physician, supplier, and other provider of health care (45 CFR Part 162, Subpart D (162.402-162.414). To comply with this requirement, the National Plan and Provider Enumeration System (NPPES) began accepting applications for, and issuing NPIs, on May 23, 2005. Providers are encouraged to obtain their NPI as quickly as possible. Applications can be submitted by mail to: NPI Enumerator, PO Box 6059, Fargo, ND 58108-6059 or online at https://nppes.cms.hhs.gov. When applying for an NPI, the Centers for Medicare and Medicaid Services (CMS) urges providers to include their legacy identifiers for all payors (e.g., health insurance plans, State Medicaid agencies, Medicare). If reporting a Medicaid number, include the associated State name. This information is critical for payors in the development of crosswalks to aid in the transition to the NPI. CMS tips can provide information to prepare your health care office for NPI.

ELECTRONIC PROVIDER ENUMERATION SYSTEM

On May 1, 2006, the CMS announced the capability for health industry organizations to submit health care providers' applications for NPIs to the NPPES via Electronic File Interchange (EFI). With EFI, a CMS-approved health industry organization can submit a health care provider's NPI application data, along with the application data of many other health care providers, in a single electronic file in a CMS-specified format.

EFI is an alternative to health care providers having to apply for their NPIs via the web-based or paper application process. After the NPPES processes a file, it makes available to the organization a downloadable file containing the NPIs of the enumerated health care providers. Interested health industry organizations should avail themselves of the EFI materials available from the CMS NPI page and from the NPPES page before downloading and completing the Certification Statement and registering as EFI Organizations. A completed Certification Statement must be approved by CMS before an interested health industry organization can participate in EFI.

PROVIDER TYPES AFFECTED

All Missouri Medicaid Provider Types are affected by the NPI Transition Plan, including atypical providers (providers not meeting the HIPAA definition of a healthcare provider). All healthcare providers meeting the HIPAA definition of a healthcare provider (including individual providers, organization health care providers, suppliers, pharmacies, etc.) are required to obtain an NPI to use in all electronic claim transactions to healthcare payors. **Missouri Medicaid will also require use of the NPI on all paper claim submission.**

Atypical provider services are being identified by various national organizations at this time. Once the core group of atypical services has been identified, Missouri Medicaid will issue all existing atypical providers a 10-digit identifier so corresponding formats exist between the NPI and Missouri Medicaid provider number for the atypical providers. We foresee the new number being the existing legacy provider number with a 10th digit added to the beginning.

PROVIDER SUBMISSION OF NPI TO MISSOURI MEDICAID

Effective May 15, 2006, certain providers may supply their National Provider Identifier (NPI) to Missouri Medicaid. A new option is available on the Missouri Medicaid billing Web site at www.emomed.com, titled "Update Provider Information, Add/View NPI". This option enables providers to add their NPI to their Missouri Medicaid Provider Master Record. Only users identified as an individual provider or a provider administrator on emomed.com have access to this option. This information will be used during the Missouri Medicaid NPI Transition Period to validate NPIs submitted on health care claims, Prior Authorization Request forms, attachments, etc. Providers must add their NPIs to the Missouri Medicaid Provider Master Record by May 23, 2007, when all claims will be required to be submitted with the NPI.

Providers are encouraged to utilize emomed.com as quickly as possible in the submission of their NPI to Missouri Medicaid. Prompt attention to this requirement allows providers and/or

their billing agencies the opportunity to submit health care claims and associated documents with an NPI and validate the processing between their systems and the Missouri Medicaid claims processing system. NPIs will be accepted by Missouri Medicaid based on the timeline outlined below. If your provider number starts with:

GROUP	PROVIDER TYPE	NPI SUBMISSION DATE
Group 1	20, 24, 42, 91	May 15, 2006
Group 2	25, 30, 31, 33, 34, 35, 46, 47, 48, 49, 75	3rd Quarter 2006
Group 2a	40, 74	**To Be Announced***
Group 3	All Other Providers	May 15, 2006

* Consolidation of provider types 40 (dentist) and 74 (dental hygienist) will be dependent on the national release of the revised ADA Dental Claim.

Accessing the Help Instructions (PF1) on emomed.com from anywhere on the Web site may assist with the functionality and use of this new option. Missouri Medicaid has modified its billing policies to be aligned with those of NPI. In doing so, Group 1 providers have been consolidated to one Missouri Medicaid provider number, allowing providers to submit the corresponding NPI number for their remaining active provider number. Group 2 providers will also be consolidated to one Missouri Medicaid provider number in the 3rd quarter of 2006 for the submission of the corresponding NPI number.

NPI AND LEGACY NUMBERS

The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as their business or their medical specialty. **Beginning May 23, 2007, the NPI must be used in lieu of the current legacy provider identifier (Missouri Medicaid provider number) for all Missouri Medicaid transactions (both electronic and paper).**

NPI TO LEGACY NUMBER CROSSWALK

Missouri Medicaid will utilize a crosswalk between the NPIs and the legacy identifier to validate NPIs received in transactions and to report NPIs on a remittance advice (RA). Key elements of this crosswalk include the following:

> ➢ Each primary provider's NPI reported on an inbound claim or claim status query is crosswalked to the Missouri Medicaid legacy identifier that applies to the owner of that NPI.
> ➢ The crosswalk is able to perform a two-directional search, from the Missouri Medicaid legacy number to NPI, and from NPI to a legacy number.
> ➢ The Missouri Medicaid crosswalk is updated daily to reflect new provider registrations.

NPI TRANSITION PLANS FOR MISSOURI MEDICAID PROVIDERS

Missouri Medicaid's implementation involving acceptance and processing of transactions with the NPI occurs in separate stages as shown below:

Stage I: May 23, 2006 – October 1, 2006
Missouri Medicaid accepts claims with an NPI along with the existing legacy Missouri Medicaid provider number. Any claim that includes an NPI **only** will reject as non-processable.
Stage II: October 2, 2006 – May 22, 2007
Missouri Medicaid accepts existing legacy Missouri Medicaid provider numbers or NPIs on claims, as long as the correct NPI has been furnished to Missouri Medicaid, for X12 837 claims and paper claims. Claims submitted through the Missouri Medicaid billing Web site will use the legacy provider number until Stage III. For information on the submission of NCPDP claims, reference the National Council for Prescription Drug Plans (NCPDP) Claims section. If providers submit their NPI along with their legacy Medicaid provider numbers, the NPI is retained; but is not edited or used to process the claim. Medicaid will perform post-evaluations of claims submitted with NPIs, comparing to our provider file and will share this information as needed with providers and billing services to assist in using the NPI. **Medicaid strongly recommends that providers, clearinghouses and billing services submit the NPI as their provider numbers in this phase.** Missouri Medicaid sends the NPI in addition to the legacy numbers, if the provider has indicated to Medicaid that they are prepared to receive the NPIs, on outbound claim status response, remittance advice, and eligibility response electronic transactions. The provider can indicate that they are ready to receive the NPIs by calling the Infocrossing Help Desk at (573) 635-3559.
Stage III: May 23, 2007 – Forward
Missouri Medicaid accepts and returns NPI numbers only. **Note: All health care providers must use an NPI (or the 10-digit number assigned by Medicaid for atypical providers) for all claims, claim attachments, claim status inquiries, and eligibility inquiries processing with Missouri Medicaid.**

X12 837 INCOMING CLAIMS AND COB

During Stage II, an X12 837 claims transaction may technically be submitted with only an NPI for a provider, **but the provider is strongly encouraged to also submit the corresponding Medicaid legacy number for each NPI** in X12 837 Medicaid claims. Use of both numbers facilitates investigation of errors if one identifier or the other cannot be located

in the Medicaid validation file. When an NPI is reported in a claim for a billing or pay-to provider, a TIN (tax identification number) must also be submitted in addition to the provider's legacy identifier as required by the X12 837 Implementation Guides.

Claims will be rejected if:

➢ The NPI included in a claim or claim status request does not meet the content criteria requirements for a valid NPI; this affects all input media (X12, NCPCP, Direct Data Entry and paper claims).
➢ The reported NPI cannot be located in the Medicaid files.
➢ The NPI is located, but a legacy number reported for the same provider in the transaction does not match the legacy identifier in the Medicaid file for the NPI.

Note: Pre-NPI provider legacy number edit rules continue to be applied to the legacy number through May 23, 2007.

NATIONAL COUNCIL OF PRESCRIPTION DRUG PLANS (NCPDP) CLAIMS

The NCPDP format was designed to permit a prescription drug claim to be submitted with **either an NPI or a legacy number, but not more than one number** for the same retail pharmacy or prescribing physician. The NCPDP provides qualifiers, including one for NPI, to be used to identify the type of provider number being reported.

➢ For Stages I and II, retail pharmacies file NCPDP claims with the provider's Missouri Medicaid provider number.
➢ The NCPDP Telecommunication Standard Version 5.1 does not support the recommended Dual Identifier Solution. The Pharmacy Industry and NCPDP will co-develop a national implementation plan to implement the use of NPI. Plan is targeted for release for a 1st quarter 2007 implementation. Further details will be provided as they become available.
➢ When an NPI is submitted on an NCPDP claim, it is edited in the same way as an NPI submitted on an X12 837 version 4010A1 claim. The retail pharmacy is considered the primary and the prescribing physician as the secondary provider for NPI editing purposes.

PRINTABLE RAs AND X12 835 RAs

Missouri Medicaid provides the option to receive these formats either with the legacy number or the NPI, but not both by Pay-To Provider. Providers have the opportunity to test with the Infocrossing Healthcare Services (Missouri Medicaid's fiscal agent) and convert to the new RAs (containing NPI number rather than the legacy number) as their schedule allows after October 2, 2006. On May 23, 2007, all providers are required to accept the NPI on their RAs.

PROPRIETARY HARDCOPY RAs AND TAPE RAs

Most Missouri Medicaid providers have converted to the X12 835 RAs, with only a few providers utilizing the proprietary formatted RAs. For this reason, proprietary hardcopy and tape RAs will be converted to the NPI number rather than the legacy number on May 23, 2007. A transition period does not exist for these formats.

PROVIDER PRACTICE LOCATION ADDRESS

In conjunction with the Missouri Medicaid NPI Transition Plan, modifications will be implemented regarding maintenance of the provider practice addresses for the Medicaid Provider Search. Effective May 15, 2006, providers are responsible for the maintenance of their practice addresses. This information is utilized by recipients, providers and other entities to locate a practicing provider in a particular area or for a specific service.

A new option titled "Add/Update Provider Practice Locations" has been added to the Missouri Medicaid billing Web site. This feature enables providers to add, update or delete their provider practice location information for Missouri Medicaid. It does not update the address or pay-to address on the Missouri Medicaid Provider Master Record. Changes to the Provider Master Record must still be done by contacting the Provider Enrollment Unit. **It is critical that each provider keep this information current.**

Provider Bulletins are available on the DMS Web site at http://dss.mo.gov/dms/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:
- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline - 573-751-2896